



ACKNOWLEDGEMENT OF NOTIFICATION OF
HAZARDOUS WASTE ACTIVITY

11/07/80

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER →	NJD000695585
INSTALLATION NAME →	SUNOCO SERVICE STATION
INSTALLATION ADDRESS →	386 RTE 1 N EDISON, NJ 08817
MAILING ADDRESS →	1801 MARKET ST 20 - 10 PC PHILADELPHIA, PA 19103-1699

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 2
290 BROADWAY, 22nd Floor
NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION
RCRA PROGRAMS BRANCH

TO: HICKEY, SUSAN
COMPL COORD
1801 MARKET ST 20 - 10 PC
PHILADELPHIA, PA 19103-1699



ACKNOWLEDGEMENT OF NOTIFICATION OF
HAZARDOUS WASTE ACTIVITY

09/28/98

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Change (Status)

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

U.S. EPA
Form Approved, JAN 1980 3150-107-101
GSA GEN. REG. NO. 27
U.S. GPO: 1980-4-PA-437

Please refer to the instructions for filling this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

HAZARDOUS WASTE
PROGRAMS BRANCH

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

<input type="checkbox"/> A. First Notification	<input checked="" type="checkbox"/> B. Subsequent Notification (Complete Item C)	C. Installation's EPA ID Number
		NJ 0000695585

II. Name of Installation (Include company and specific site name)

SUNOCO SERVICE STATION

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street
386 ROUTE 1 MORTON

Street (Continued)

City or Town	State	Zip Code
EDISON	NJ	08817

County Code	County Name
544	MIDDLESEX

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box
1801 MARKET STREET 20110 PC

City or Town	State	Zip Code
PHILADELPHIA	PA	19103-1699

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)	(First)
HICKKEY	SUSAN
Job Title	Phone Number (Area Code and Number)
COMPLIANCE COORD	610-941-9054

VI. Installation Contact Address (See Instructions)

A. Contact Address Location: Mailing Other	B. Street or P.O. Box
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
City or Town	State Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner			
SUN COMPANY, INC. (R+M)			
Street, P.O. Box, or Route Number			
1801 MARKET STREET			
City or Town		State	Zip Code
PHILADELPHIA		PA	19103-1699
Phone Number (Area Code and Number)		B. Land Type	C. Owner Type
610-941-9054		P	P
D. Change of Owner Indicator		(Date Changed)	
Yes No		Month Day Year	
<input type="checkbox"/> <input checked="" type="checkbox"/>			

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities	
1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see Instructions.	1. Used Oil Fuel Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used	
2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation: <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify	4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter/Referral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s): <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine	

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D018

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>Susan B. Hickey</i>	Name and Official Title (Type or print) SUSAN B. HICKEY COMPLIANCE COORDINATOR ASSOC.	Date Signed 8/14/98
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)